



**STRATFORD RECREATION DEPARTMENT SCHOLARSHIP FORM**

\*\*\* EXTENDED HOURS ARE NOT INCLUDED IN SCHOLARSHIP \*\*\*

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Principal Source of Income (Please list all sources of income, including alimony & child support.) \_\_\_\_\_

Place of Employment \_\_\_\_\_

Annual Household Income \_\_\_\_\_

Are you receiving any State assistance? (Circle one)      NO              YES

Are you receiving Care for Kids? (Circle one)    NO    YES    If Yes, ID # \_\_\_\_\_

Extenuating Circumstances \_\_\_\_\_

Total # in Household: Adults \_\_\_\_\_ Seniors \_\_\_\_\_ Children under 18 \_\_\_\_\_

Name of Program Requested \_\_\_\_\_ Which Week (s) \_\_\_\_\_

Name of Program Requested \_\_\_\_\_ Which Week (s) \_\_\_\_\_

Briefly describe why applicant should be considered for a scholarship. \*\*\*Any special medical or handicap issues should be noted here. \_\_\_\_\_

Date: \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

**PROOF OF INCOME MUST BE ATTACHED TO BE CONSIDERED  
 (Income Tax Filing for the previous year and your current paystub)**

FOR OFFICE USE ONLY ~ PLEASE DO NOT WRITE BELOW THIS LINE

Date of Review \_\_\_\_\_ Comments \_\_\_\_\_

Application Approved: YES \_\_\_\_\_ NO \_\_\_\_\_ Amt. Approved \_\_\_\_\_

OTHER \_\_\_\_\_